

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	<del>X</del>					
2	<del>X</del>					
3						
4						
5						
6						
7						
8						
9	<del>X</del>					
10						
11	<del>X</del>					
12						
13	<del>X</del>					
14						
15						
16						
17						
18	<del>X</del>					
19	<del>X</del>					
20	<del>X</del>					
21	<del>X</del>					
22	<del>X</del>					
23	<del>X</del>					
24	<del>X</del>					
25						
26	<del>X</del>					
27	<del>X</del>					
28	<del>X</del>					
29	<del>X</del>					
30	<del>X</del>					
31	<del>X</del>					
32	<del>X</del>					
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49						
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52												
53												
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97												
98												
99												
100												
TOTAL IND.	12 ↓		↓		↓		↓		↓		↓	
TOTAL DEP.	9 ←		←		←		←		←		←	
TOTAL CLAIMS	21											